

## **Accident/Incident Investigation Report**

Completion of this form is only required for specific accidents/incidents identified by the WCC HS&W Service; this includes certain H&S Executive RIDDOR reportable accidents/incidents and others of a serious nature.

Prior to this form being completed, details of the accident/incident should have already been reported using the WCC online reporting system or hard copy system.

This investigation report form needs to be completed by the injured person’s manager, line manager, supervisor or team leader and seeks to ascertain more detailed information regarding the accident/incident. This investigation requires the analysis of all available information, including;

- Physical – the scene, equipment, evidence etc.
- Verbal – witness statements and;
- Written – risk assessments, procedures, instructions etc.

to identify what went wrong and to determine what action needs to be taken to prevent a recurrence.

It may be necessary to involve additional specialist support, e.g. WCC HS&W Service depending on the complexity of the investigation and on occasions it may be the HS&W Advisor that completes the report.

<b>Part 1: Incident Details</b>	
Investigation completed by: Name:  Post title:	Date of investigation:  Date and time of accident/incident:  Ref no (if known):
Name of person who suffered injury/ill health ( <i>if applicable</i> ) OR brief description of the incident	

1. Exactly what was being done at the time and how did the accident/incident happen? <i>(give as much detail as possible)</i>
2. Explain the events/activities leading up to the accident/incident?
3 Was there anything unusual or different about the working conditions on this occasion?

4. Have there previously been any similar accidents/incidents that you are aware?

Yes  No

If Yes – give details

5. Had a written risk assessment for the activity/process/operation been undertaken?

Yes  No

**If No** - please explain why one wasn't in place.(consider whether one is necessary and record your action in Part 2)

**If Yes** - was the risk assessment valid and up-to-date? (E.g. *has it been appropriately reviewed and is it representative of the activity/process/operation being undertaken*)

Yes  No  **If NO review immediately** and note this action in **Part 2**.

Were the control measures being followed at the time of the accident/incident?

Yes  *give details -*

No  *explain why not -*

6. Were there any additional or indirect issues that influenced the accident/incident?  
(*For example, lack of supervision; lack of skills/ knowledge/ competence/ inappropriate working procedures/ violations; employee own actions*)

Yes  No

If Yes – give details

7. Was maintenance, cleaning, housekeeping, or physical workplace conditions including layout of area, sufficient? (*For example, did the incident occur due to inadequate lighting, uneven floors, badly maintained machinery/ plant/ equipment, appliances, using work equipment*)

Yes  No

Give details -

8. Were the people carrying out the task competent and suitable? (*Did they have the necessary skills, knowledge and training to perform the task and were records held of this e.g. training, PPE provided? Don't forget to consider young people and working practices*)

Yes  No

If No – give details

9. Were relevant safety support systems working and sufficient at the time of the accident/incident? *(For example power supply isolation in place and used, e-stops enabled and located as necessary, local exhaust ventilation (LEV))*

Yes  No  N/A

Give details -

10. Have photographs been taken of the accident/incident site or other hard evidence kept?

Yes *(please attach)*  No

Please state when the photographs were taken including date/time and attach them

11. Additional Information

## Part 2: Further action

12. What was the immediate, underlying and root cause?  
*(For example consider whether training/supervision was sufficient, whether equipment was suitable, adequately maintained and fit for purpose, whether the safe system of work (ssow) was adequate and implemented. If the SSOW was inadequate then please say why?)*

13. What risk assessments and safe working procedures need to be written/ reviewed and updated? *(if applicable)*

Name of risk assessment/safe working procedure (SSOW)	Person responsible	Completion date

14. What needs to be done in the short and long term to prevent a recurrence? <i>(For example floor repaired, revised SSOW, improved training and instruction etc.)</i>		
Control measure	Person responsible	Completion date
Items to be attached to this form <i>(where applicable)</i>		Comments
<input type="checkbox"/> Photographs <input type="checkbox"/> Witness statements <input type="checkbox"/> Appropriate risk assessment(s) <input type="checkbox"/> Relevant training/competency documentation <input type="checkbox"/> Safe System of Work (SSOW) or Method Statement <input type="checkbox"/> PPE records <input type="checkbox"/> Workplace inspection reports <input type="checkbox"/> Equipment maintenance/ examination/use records		
Please state to whom the findings of this investigation have been forwarded: <i>(For example, those managers who are required to action findings of this investigation and those managers who require it for information)</i>		
Name: _____		Post title: _____
Date forwarded: _____		
Name of Manager/Officer completing investigation:		Signature:
Post Title:		Date:

**When completed, attach as a supporting document on the 'online' accident recording system OR if you have completed a hard copy accident/incident report form please return this completed form to:**  
**Accident Reporting, Health, Safety and Wellbeing Service, Warwickshire County Council, Shire Hall, Warwick CV34 4RL (by post in a sealed envelope marked private & confidential) or email [accidentreport@warwickshire.gov.uk](mailto:accidentreport@warwickshire.gov.uk) (from a secure email address only)**

**DO NOT FAX THIS DOCUMENT AS CONFIDENTIALITY CANNOT BE GUARANTEED.**

**Any queries please ring Tel No: 01926 476803.**